

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NEW COMPOSITION AND METHOD FOR THE TREATMENT OF DYSGLUCAEMIA
Attorney Docket Number::	1506-1004-3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HENRI  
Middle Name::  
Family Name:: HANSSON  
Name Suffix::  
City of Residence:: HELSINGBORG  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing LARKSTIGEN 12  
Address::  
City of Mailing Address:: HELSINGBORG  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-255 91

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MATS  
Middle Name::  
Family Name:: LAKE  
Name Suffix::  
City of Residence:: LIDINGO  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing TULEVAGEN 17  
Address::  
City of Mailing Address:: LIDINGO

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE 181-41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: KERSTIN  
Middle Name::  
Family Name:: HANSSON  
Name Suffix::  
City of Residence:: LUND  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: KARNNASVAGEN 9K:115  
Address::  
City of Mailing Address:: LUND  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-226 46

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/202,870	7/26/02
10/202,870	Division of	10/002,417	10/25/01
10/002,417	An application claiming the benefit under 35 usc 119(e)	60/243,072	10/25/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	000377-8	10/25/00	Yes

**Assignment Information**

Assignee Name:: METCON MEDICIN AB  
Street of Mailing DALENUM 17  
Address::  
City of Mailing Address:: LINDINGO  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-181070